

*Aviva Stahl v. Federal Bureau of Prisons, and Dept. of Justice*

Case No. 19-CV-4142 (BMC) (E.D.N.Y.)

Fenstermaker Declaration

Exhibit B

FLP/NCRO

**Received**

**FEB 15 2018**

**FOIA/PA Section  
Federal Bureau of Prisons**

Aviva Stahl  
PO Box 205-329  
Brooklyn, NY 11220

Director, Federal Bureau of Prisons  
FOIA/PA Section  
Office of General Counsel, Room 924  
Federal Bureau of Prisons  
320 First Street, N.W.  
Washington, DC 20534

**FREEDOM OF INFORMATION REQUEST**

February 12, 2018

Dear Director,

I am requesting that you please send me copies of the medical records of Mohammad Salameh 34338-054, an inmate currently incarcerated USP Florence, 5880 HWY 67 S, Florence, CO 81226. These are to include records of all medical exams, history and physical, operative reports, consultations, progress notes, x-ray reports, laboratory reports, pathology reports, the diagnoses of any medical problems and the treatment thereof including the names, dosages and administration times of all medicines, any physical therapy or other prophylactic measures, any prospectively recommended medical treatment, as well as videotapes of any involuntary medical treatment. I am requesting copies and/or information from the medical file pertaining to his evaluation and treatment from January 1, 2002 to December 31, 2015.

Enclosed is form DOJ-361 completed by Mohammad Salameh.

Also enclosed is form BP-A621.060, Authorization for Release of Medical Information, completed by Mohammad Salameh and witnessed by staff at the prison.

I am independent investigative journalist making this request as a representative of the news media. I have written for prominent national outlets including the Guardian, the Nation, Harper's Magazine, Rolling Stone, VICE and many others. You can find links to my work on my website, stahlidarity.com. As a member of the news media, I request a waiver of all fees for this request. My primary and sole purpose in submitting this records request, is to enrich the public's understanding of the governments operations and activities, specifically the BOP's response to prisoner health issues at Florence-ADX. I have no personal or commercial interest in these records.

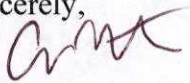
As a member of the news media, I also request expedited processing for this request. As evidenced by the immense amount of coverage prisoner healthcare issues have garnered elsewhere, it is clear that the public believes this to be of pressing national concern. What's more, the ongoing healthcare treatment issues faced by prisoners locked up at

ADX and other federal facilities makes accessing these records a particularly urgent matter. To the best of my knowledge, the reasons for expedited are true are correct.

If you deny or are unable to complete any part of this request, please inform me of the reasons for the denial in writing and provide the name and address of the person or body to whom an appeal should be directed. If you deny or are unable to complete a part of this request, or if obtaining specific aspects of these records may take a particularly long time, please send me the requested records in part, as soon they become available.

Thank you for your assistance.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Aviva Stahl', written over the word 'Sincerely,'.

Aviva Stahl

Institutional affiliation: The Nation Institute for Investigative Journalism  
116 East 16th Street  
8th Floor  
New York, NY 10003



## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Inmate Name Mohammad Salameh	Register Number 34338-054	Date January 9, 2018
	Date of Birth 9-19-1967	Social Security Number 116-78-4016

I hereby authorize and request the Federal Bureau of Prisons to:

☒ release information to, or☐ obtain information fromPLEASE CONTACT IF  
PAYMENT IS REQUIRED  
PRIOR TO FILLING  
REQUESTName/Facility: Aviva StahlAddress: PO Box 205-329City, State, Zip: Brooklyn NY 11220

I understand the information is to be used for (specific reason for release of information):

☐ Continuation of care, or☒ Other journalism/reportingInformation to be Released/Obtained: Copy of and/or information from my medical file pertaining to my evaluation and treatment received from January 1, 2002 to December 31, 2015.This is to include: ☒ Complete Record ☐ Discharge Summary ☐ History & Physical☐ Operative Reports ☐ Consultations ☐ Progress Notes ☐ X-ray Reports☐ Laboratory Reports ☐ Pathology Reports ☐ Actual Films\*\* ☐ Actual Slides\*☒ Other: videotapes of any involuntary medical treatment, including insertion of nasogastric tubes, IVs, etc.\*will be returned  
#duplicates accepted

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that information used or disclosed pursuant to this authorization could be subject to redisclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality. I understand that I may revoke this consent at any time by sending a written notice to the Supervisor of Medical Records. I understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality. This authorization will automatically expire three months from the date of the signature.

Signature of Patient

Mohid

Date (Month, Day, Year)

Jan. 9, 2018

Staff Witness

[Signature]

FAX SIGNATURE VALID ORIGINAL

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW.  
Must sign below, to Release Protected Information.

I specifically authorize the release of data and information relating to:

☒ 1. Substance Abuse☒ 2. Mental Health☒ 3. HIV

Signature

Mohid

Date

January 9, 2018

Deliver Records To: (Institution Address &amp; Fax number)





**Privacy Act Statement.** In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Requests will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester <sup>1</sup> Mohammad Amin Salameh  
Reg. # 34338-054

Citizenship Status <sup>2</sup> Jordanian Social Security Number <sup>3</sup> 116-78-4016

Current Address U.S. Penitentiary-High, P.O. Box 7000, Florence, CO 81226

Date of Birth September 19, 1967 Place of Birth Bidia-Nabl's-West Bank

**OPTIONAL: Authorization to Release Information to Another Person**

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

Aviva Stahl, P.O. Box 205-329, Brooklyn, NY 11220  
Print or Type Name

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature <sup>4</sup> Moh'd Date January 9, 2018

<sup>1</sup> Name of individual who is the subject of the record(s) sought.

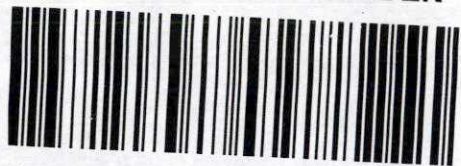
<sup>2</sup> Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

<sup>3</sup> Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

<sup>4</sup> Signature of individual who is the subject of the record sought.



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FROM:

Aviva Stahl  
PO Box 205-329  
Brooklyn, NY 11220

93p

TO:

Director, Federal BOP  
FOIA /PA Section  
Office of General Counsel,  
Room 924  
Federal Bureau of Prisons  
320 First ~~st~~ Street, NW  
Washington, DC ~~20535~~ 20534

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